Epitomes

Important Advances in Clinical Medicine

Psychiatry

The Scientific Board of the California Medical Association presents the following inventory of items of progress in psychiatry. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers or scholars to stay abreast of these items of progress in psychiatry that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Psychiatry of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to Division of Scientific and Educational Activities,
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Light, Season and Affective Disorders

ANIMALS LIVING within temperate zones deal with dramatic changes in the amount of light they receive during different seasons. One of the most obvious physiologic manifestations of seasonality is the phenomenon of seasonal breeding. It is now well established that the pineal gland hormone, melatonin, mediates the antireproductive effects of decreased light exposure during winter months. Annual rhythms in humans have also been established, including, for example, seasonal variations in suicides, general mortality, a need for electroconvulsive therapy and the incidence of episodes of depression and mania.

Recently, a group of patients suffering from "seasonal affective disorder" has been described. These 29 patients had a generally "retarded" type of depression, beginning in late fall or early winter with increased sleep, appetite and carbohydrate craving. They often would "fly south" for winter vacations, at which time they would note spontaneous remissions of their depression. They often had episodes of hypomania during spring and summer. Speculating that the decreased duration of light in the winter somehow had triggered the depressive episodes (comparable, perhaps, to a human form of hibernation), the investigators treated 11 of these patients by extending their photoperiod to a more "springlike" condition for two weeks. Light was full spectrum and 10 to 20 times brighter than normal room light, but 1/40th as bright as bright daylight. It was deemed "biologically active" by virtue of its ability to suppress pineal melatonin production. Preliminary data indicated a significant antidepressant response in all patients, which, however, was often followed by a relapse within several days after light treatment was stopped.

Treatment of depression with light must remain experimental until well designed, positive replication studies are done. Further work then might show what demographic, clinical and circadian rhythm characteristics would most likely predict responsiveness to light therapy, and, particularly, how to use this new technique most effectively.

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Attention-Deficit Disorder in Children—Diagnosis and Treatment

THE attention-deficit disorder with hyperactivity (ADDH) syndrome is one of the most common psychiatric problems in childhood. A diagnosis is most effectively attained by using systematic interviews with parents and children (such as the Diagnostic Interview for Children and Adolescents—a structured psychiatric interview), combined with rating scales completed by parents and teachers (such as the Conners).

The earliest view of the natural history of this syndrome was that children "outgrew" their problems by adolescence. An extension of this view is that treatment with stimulant medication should stop at the time of puberty because it would have a "stimulating" rather than a "calming" effect. Current research indicates that both of these views are wrong.

Prospective, retrospective and catch-up prospective studies of cases of the ADDH syndrome reveal the following. About half of the children are functioning relatively well in adolescence and adult life. The remainder have continuing symptoms and qualify for a diagnosis of ADDH residual